

Miriam B. Vos, MD, MSPH

THE **No-Diet**  
**Obesity Solution**  
**for Kids**



This book deserves every parent's attention. The focus is your child's health, not just weight, for the long term—not the quick fix.

—David L. Katz, MD, MPH, FACPM, FACP,  
Director, Prevention Research Center,  
Yale University School of Medicine

Based on experiences with her child patients, author Vos saw the need for a simple, credible resource for parents of overweight children. These parents need to make changes to improve their children's health—but do not know where to start or what to do. In this practical and positive guide, Dr. Vos gives parents specific ways to improve their child's health—without diets, guilt trips, or power struggles.

Miriam B. Vos, MD, MSPH, is a nationally known pediatric gastroenterologist, sought out by media as an expert in childhood obesity and the illnesses associated with obesity. She teaches at Emory University Medical School and sees patients at Children's Healthcare of Atlanta. Her goal is a new national epidemic of well-nourished children glowing with health and enjoying life.



Available at [www.gastro.org/publications](http://www.gastro.org/publications) and  
[www.thenodietobesitysolutionforkids.com](http://www.thenodietobesitysolutionforkids.com).

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*When parents need to make changes for the health of their children, this book supplies the answers that really work.*



Parents will love this step-by-step guide to feeding and creating a positive and healthy relationship between your children and their food.

—MeMe Roth, CHC,  
President,  
National Action Against Obesity

## Healthy Changes Menu and Commitment

On a scale of 0 (not ready) to 10 (very ready), how ready are you to consider making a change? 0 1 2 3 4 5 6 7 8 9 10

Setting a specific goal can help you and your child become healthier. Choose one from the menu or make up one of your own!

- |   |  |
|---|--|
| <input type="checkbox"/> Decrease sweet drinks and juice    | <input type="checkbox"/> Walk together _____x per week         |
| <input type="checkbox"/> Play outside _____minutes/day      | <input type="checkbox"/> Family outing to park _____x per week |
| <input type="checkbox"/> Limit TV/video to _____minutes/day | <input type="checkbox"/> Drink _____cups water per day         |
| <input type="checkbox"/> Eat at home _____x per week        | <input type="checkbox"/> Take TVs out of bedrooms              |
| <input type="checkbox"/> Serve 1-2 vegetables at dinner     | <input type="checkbox"/> Eat meals and snacks at table         |
| <input type="checkbox"/> Eat breakfast                      | <input type="checkbox"/> Bike _____x per week                  |
| <input type="checkbox"/> Decrease sugar                     |  |

Parent goal \_\_\_\_\_

Child goal \_\_\_\_\_

Date for follow up appointment \_\_\_\_\_

Provider signature \_\_\_\_\_

Parent signature \_\_\_\_\_

Child signature \_\_\_\_\_